

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90005 024 ****61.25

DOCUMENT # N92000000761

1. Entity Name

ST. MARY'S PARISH OF THE POLISH NATIONAL CATHOLI

Principal Place of Business

Mailing Address

**2175 PINELLAS PT. DR. S.
 ST. PETERSBURG FL 33712**

**2175 PINELLAS PT. DR. S.
 ST. PETERSBURG FL 33712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOSIAK, RICHARD REV
 2175 PINELLAS PT DR SOUTH
 ST. PETERSBURG FL 33712**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Rev. Richard Wosiak

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD PAWLAK, JERZY 4001 58TH N. ST., APT 95 ST. PETERSBURG FL 33709 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MOLINARI, ZOFIA 4350 37TH AVE NO ST PETERSBURG FL 33713 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PARKER, BILLY 5222 4TH ST NO LOT 309 ST PETERSBURG FL 33703 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD VC LUKAS, ELIZABETH 3624 36TH ST NO ST PETERSBURG FL 33713 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC VC DAMSZEL, RICHARD 9445 127TH AVE NO LARGO FL 33773 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC CD MIKOLAJCZAK, ZDZISLAW 1759 12TH AVE NO ST PETERSBURG FL 33713 | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ADELA CISNIEWICZ 1950 58th AVEN R. 24 ST. PETERSBURG - FL 33714 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rev. Richard Wosiak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 14-2001

727-525 543

CR2E037 (10/00)